

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40375

State File No. _____
Registrar's No. 58

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND COUNTY</u> <u>0990</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis MO 0990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRIET</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>IRVING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-51</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLOR</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 24</u>
9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>TRIMBLE COUNTY KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>ALFRED ELLIS</u>		13b. MOTHER'S MAIDEN NAME <u>KIZZA SCOTT</u>	
14. NAME OF HUSBAND OR WIFE <u>SPENCER IRVING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Jones</u>		ADDRESS <u>MEMPHIS</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility and auto infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>baucer intestinal</u> DUE TO (c) <u>Stasis (Senility)</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>578X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11/22, 1951</u> , to <u>11/27, 1951</u> , that I last saw the deceased alive on <u>11/27, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>OTR Baker</u>		23b. ADDRESS <u>Memphis MO</u>	
23c. DATE SIGNED <u>11/30/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>DEC 2</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS MO</u>
DATE REC'D BY LOCAL REG. <u>11/27/51</u>	REGISTRAR'S SIGNATURE <u>OTR Baker</u> <u>407</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Old Payne & Sons</u> ADDRESS <u>Memphis</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2234
Date Filed: DEC 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *R. H. Payne*

Licensed Embalmer No. 2196

P. O. Address *Memphis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.